Permission Slip

I give permission for my child, _____
(child's name) to attend the activities of the Erasmus+ project
named "Under The Same Sky" in   *school's name*   from January
2018 to June 2019.

During the activities, I can be reached at _____*(Your
phone number and or emergency contact).*

Health Declaration :

In the event of emergency it is vital we have contact details for
your son/daughter.

Any known allergies / health problems :
_____
_____

During the activities that you are unable to contact me, please
contact:

Emergency Contact Name: _____

Emergency Contact Phone: _____

_____
  Parent/Guardian Name- Surname Signature   Date